

Case No: 15-16765

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: **Stephanie Lynn Erb**

Case No: **15-16765**

Property Address: **655 North Fox Trail, Round Lake, IL 60073**

Chapter: **13**

Last four digits of any number you use to identify the debtor's account: **3977**

Court Claim No. (if known)

STATEMENT IN RESPONSE TO NOTICE OF FINAL CURE PAYMENT

As contemplated by Fed. R. Bankr. Proc 3002

Nationstar Mortgage LLC

("Creditor") hereby responds to that certain Notice of Final Cure Payment ("Cure Notice") dated **March 15, 2018** and filed as Docket No. **28**

Pre-Petition Default Payments

Applicable option is checked

☒ Agrees that Debtor(s) has paid in full the amount required to cure the default on Creditor's claim

☐ Disagrees that Debtor(s) has paid in full the amount required to cure the default on Creditor's claim and states that the total amount due to cure pre-petition arrears is:

Total Amount Due: **\$0.00**

Attached as Schedule of Amounts Outstanding on Prepetition Claim is an itemized account of the pre-petition amounts that remain unpaid as of the date of this response.

Post-Petition Default Payments

Applicable option is checked

☒ Agrees that Debtor(s) is current with respect to all payments consistent with §1322(b)(5) of the Bankruptcy Code.

☐ Disagrees that Debtor(s) is current with respect to all payments consistent with §1322(b)(5) of the Bankruptcy Code, and states that the total amount due to cure post-petition arrears is.

Total Amount Due: **\$0.00**

Attached as Schedule of Amounts Outstanding on Post-Petition Claim is an itemized account of the post-petition amounts that remain unpaid as of the date of the Cure Notice. The amounts outstanding identified on the Schedule do not reflect amounts that became or may become due after the date of the Cure Notice, including any fees that may have been incurred in the preparation, filing, or prosecution of this response to the Cure Notice.

The amounts due identified on this response may not, due to timing, reflect all payments sent to Creditor as of the date of the Cure Notice. In addition, the amounts due may include payments reflected on the NDC but which have not yet been received and/or processed by Creditor.

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The person completing this statement must sign it. Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this Supplement applies.

Check the appropriate box

☐ I am the creditor. ☒ I am the creditor's authorized agent. (Attach copy of Power of Attorney, if any.)

I declare under penalty of perjury that the information provided in this Response to Notice of Final Cure Payment is true and correct to the best of my knowledge, information, and reasonable belief.

X /s/ Mike Burke
Signature

X 03/29/2018
Date (MM/DD/YYYY)

Name: Mike Burke
First Name Middle Name Last Name

Title: Attorney

Company Shapiro Kreisman & Associates, LLC

Address 2121 Waukegan Road, Suite 301
Bannockburn, IL 60015
City State ZIP Code

Phone (847) 291-1717

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Certificate of Service

I hereby certify that a copy of the foregoing Response to Notice of Final Cure Payment was served on the parties listed below by postage prepaid U.S. Mail, First Class or served electronically through the Court's ECF System at the e-mail address registered with the court on

Date: March 29, 2018

Chapter 13 Trustee: Glenn B Stearns

Trustee Address: 801 Warrenville Road, Suite 650, Lisle, IL 60532

Trustee Email:

Debtor's Counsel Name: Michele Aiken, Aiken & Aiken, LLC

Debtor's Counsel Address: 2413 W. Algonquin Rd., #154, Algonquin, IL 60102

Debtor's Counsel Email: maiken@aikenandaiken.com

Debtor 1 Name: Stephanie Lynn Erb

Debtor 2 Name:

Debtor's Mailing Address: 655 North Fox Trail, Round Lake, IL 60073

Debtor Email:

/s/ Mike Burke
Mike Burke